Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

Date Stamp	**California Form 802**
RECEIVED	For Official Use Only
AUG 1 6 2018	
CITY MANAGER DEPARTMENT	☐ Amendment *(Must Provide Explanation in Part 3.)*

1. Agency Name
City of Lemon Grove

Division, Department, or Region *(if applicable)*
City Managers Department

Designated Agency Contact *(Name, Title)*
Lydia Romero, City Manager

Area Code/Phone Number	**E-mail**
619-825-3800	lromero@lemongrove.ca.gov

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒   No ☐

Face Value of Each Ticket/Pass $ 27.00

Event Description: Pre-Conference VIP Reception
Provide Title/ Explanation

Date(s) 10 / 03 / 18   ___ / ___ / ___

Ticket(s)/Pass(es) provided by agency?   Yes ☐   No ☒

If no: San Diego Housing Federation
Name of Source

Was ticket distribution made at the behest of agency official?   Yes ☐   No ☒

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit.   • Use Section B to identify an individual.   • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	City of Lemon Grove Office of the Mayor	1	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])

B.	Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C.	Name of Outside Organization *(include address and description)*	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Lydia Romero *Print Name*	City Manager *Title*	08/16/18 *(month, day, year)*

Comment: _____

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1. **Agency Name**		R~~Date Stamp~~	For Official Use Only
City of Lemon Grove		JUL 1 7 2018	

Division, Department, or Region (if applicable)

City Managers Department

~~CITY~~ MANAGER DEPARTMENT

Designated Agency Contact (Name, Title)

Lydia Romero, City Manager

☐ **Amendment** (Must Provide Explanation in Part 3.)

Area Code/Phone Number	**E-mail**	
619-825-3800	lromero@lemongrove.ca.gov	**Date of Original Filing:** _____ (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒   No ☐   Face Value of Each Ticket/Pass $ 100

Event Description: ABA Gala Awards   Date(s) 10 / 04 / 18   ___ / ___ / ___
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ☐   No ☒   If no: Metropolitan Water District of Southern CA
Name of Source

Was ticket distribution made at the behest of agency official?   Yes ☐   No ☒   If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit.   • Use Section B to identify an individual.   • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of Lemon Grove Office of the Mayor	1	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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Signature of Agency Head or Designee	Lydia Romero Print Name	City Manager Title	(month, day, year)

Comment: _____

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1. Agency Name

City of Lemon Grove

Division, Department, or Region *(if applicable)*

City Managers Department

Designated Agency Contact *(Name, Title)*

Lydia Romero, City Manager

Area Code/Phone Number	E-mail
619-825-3800	lromero@lemongrove.ca.gov

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2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒   No ☐

Event Description: 2018 Momentum Awards Gala
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ☐   No ☒

Was ticket distribution made at the behest   Yes ☐   No ☒
of agency official?

Face Value of Each Ticket/Pass $ 100.00

Date(s) 10 / 24 / 18   ___ / ___ / ___

If no: Circulate San Diego
Name of Source

If yes: _____
Official's Name (Last, First)

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3. Recipients

- Use Section A to identify the agency's department or unit.   • Use Section B to identify an individual.   • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of Lemon Grove Office of the Mayor	2	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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4. Verification

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Signature of Agency Head or Designee	Lydia Romero Print Name	City Manager Title	08/16/18 *(month, day, year)*

Comment: _____